## FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSIOND Washington, D.C. 20549

FORM D

MAR 1 6 2004

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION 158 SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

DATE RECEIVED

OMB Number: 3235-0076

Expires: March 31, 1991

Hours per response

Prefix

Estimated average burden

OMB APPROVAL

SEC USE ONLY

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Draper Atlantic Opportunity Fund, L.P. Limited Partnership Interests Offering

Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6) ☐ ULOE

Type of Filing: ■ New Filing □ Amendment

Serial

## A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer.

Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)

Draper Atlantic Opportunity Fund, L.P.

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone number (Including Area Code)

(703) 995-3600

11600 Sunrise Valley Drive, Suite 420, Reston, VA 20191

(Number and Street, City, State, Zip Code)

Telephone number (Including Area Code)

Address of Principal Business Operations (if different from Executive Offices)

Brief Description of Business Venture Capital Fund

Type of Business Organization

☐ corporation

☑ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed

□ other (please specify)

Actual or Estimated Date of Incorporation or Organization:

Month 03 Year 2004

Actual

☐ Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada: FN for other foreign jurisdiction)

#### **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA							
<ul> <li>2. Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securiti the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ General and/or Managing Partner							
Full Name (Last name first, if individual) Draper Atlantic Management Company, L.L.C., General Partner Business or Residence Address (Number and Street, City, State, Zip Code) 11600 Sunrise Valley Drive, Suite 420, Reston, VA 20191							
Check Box(es) that Apply: □Promoter □ Beneficial Owner □ Executive Officer □Director ☑ General and/or Managing Partner							
Full Name (Last name first, if individual) Backus, John C., Managing Member, Draper Atlantic Management Company, L.L.C., General Partner Business or Residence Address (Number and Street, City, State, Zip Code) 11600 Sunrise Valley Drive, Suite 420, Reston, VA 20191							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or Managing Partner							
Full Name (Last name first, if individual)  Lynch, James A., Managing Member, Draper Atlantic Management Company, L.L.C., General Partner  Business or Residence Address (Number and Street, City, State, Zip Code)  11600 Sunrise Valley Drive, Suite 420, Reston, VA 20191							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ General and/or Managing Partner							
Full Name (Last name first, if individual) Draper, Timothy C., Managing Member, Draper Atlantic Management Company, L.L.C., General Partner							
Business or Residence Address (Number and Street, City, State, Zip Code) 400 Seaport Court, Suite 250, Redwood City, CA 94063							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner							
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner							
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner							
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)							
D INFORMATION AROUT OFFFRING							

1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						
2.	What is the minimum investment that will be accepted from any individual?						
3.	Does the offering permit joint ownership of a single unit?	Yes	No				
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	<u>ea</u>	ш				
	ame (Last name first, if individual)						
n/a							
Busine	ss or Residence Address (Number and Street, City, State, Zip Code)						
Name (	of Associated Broker or Dealer						
State in	1 Which Person Listed Has Solicited or Intends to Solicit Purchasers						
		. 11. 0					
(Ch	eck "All States" or check individual States)	All Sta	ates				
N	AL	MO PA	O ]				
Full Na	ame (Last name first, if individual)		· · · · · · · · · · · · · · · · · · ·				
Busine	ss or Residence Address (Number and Street, City, State, Zip Code)						
Name	of Associated Broker or Dealer						
State in	n Which Person Listed Has Solicited or Intends to Solicit Purchasers						
	(Check "All States" or check individual States)	□ All S	tates				
[ ]	AL   [AK ] [AZ ] [AR ] [CA ] [CO ] [CT ] [DE ] [DC ] [FL ] [GA ] [HI IL ] [N	t     P/	A. J				
Full Na	ame (Last name first, if individual)						
Rusine	ess or Residence Address (Number and Street, City, State, Zip Code)	<del>,</del>					
Dubino	is of residence readies (rumber and succes, sity, state, 21p sode)						
Name	of Associated Broker or Dealer						
State in	n Which Person Listed Has Solicited or Intends to Solicit Purchasers						
	(Check "All States" or check individual States)	□ All S	tates ,				
[ ]	AL	S ] [ M R ] [ P.	O ] A				

1,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ~ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Å	Amount Already Sold
	Debt	\$ 0	\$	_
	Equity	\$ 0	- - S	
	(Underlying)   Common Preferred	<del></del>	_	
	Convertible Securities (including warrants)	\$ 0	\$	0
	Partnership Interests	\$25,000,000.00	\$	0
	Other	\$	-\$	0
	Total	\$25,000,000.00	\$	0
	Answer also in Appendix, Column 3, if filing under ULOE.		_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	0	5	S 0
	Non-accredited Investors	0	-9	G 0
	Total (for filings under Rule 504 only)		_	
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	,		
	Type of offering	Type of Security		Dollar Amount Sold
	Rule 505			§
	Regulation A			\$
	Rule 504			
	Total		-	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		-	
	Transfer Agent's Fees			None
	Printing and Engraving Costs		-	None
	Legal Fees	<u>x</u>	\$	30,000.00
	Accounting Fees	<u>x</u>	\$	2,000.00
	Engineering Fees		-	None
	Sales Commissions (specify finders' fees separately)		ı <sup>–</sup>	None
	Other Expenses (identify)		- 	None
	Total			None \$32,000.00
				,

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

t f	o be used for each of the purposes slumish an estimate and check the l	usted gross proceeds to the issuer used or proposed hown. If the amount for any purpose is not known, box to the left of the estimate. The total of the ted gross proceeds to the issuer set forth in response				·
				Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees		X	-0-	X	-0-
			×	-0-	×	-0-
	Purchase, rental or leasing a	an installation of machinery and equipment	X	-0-	×	-0-
	Construction or leasing of p	plant buildings and facilities	X	-0-	×	-0-
	Acquisition of other busines of securities involved in this used in exchange for the ass pursuant to a merger)	sses (including the value s offering that may be sets or securities of another issuer	Œ_	-0-	X <sup>-</sup>	-()-
	Repayment of indebtedness		X	-0-	×	-0-
	Working capital		X	-0-	×	\$24,968,000.00
	Other (specify):		X	-0-	×	-0-
Column T			×	-0-	×	\$24,968,000.00
Total Payments Listed (column total added)			<b>E</b> \$24,968,000.00			
		D. FEDERAL SIGNATURE				
following	signature constitutes an undertaking	signed by the undersigned duly authorized person by the issuer to furnish to the U.S. Securities and E or to any non-accredited investor pursuant to paragrap	xcha	inge Commission	, upo	nder Rule 505, the n written request of
Issuer (Pri	nt or Type)	Signature		Date		
Draper Atlantic Opportunity Fund, L.P.				March <b>ড</b> , 20	04	
Name of S	Signer (Print or Type)	Title of Signer (Print or Type)				
James A. Lynch  Managing Member, Draper Atlantic Management Company, L.L.C., General Partner						

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violation. (See 18 U.S.C. 1001.)